

**DECLARATION AND POWER OF ATTORNEY – ORIGINAL APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below beneath my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MODULAR MIST SPRAYER

the specification of which

(check one) X is attached hereto.

\_\_\_\_\_ was filed on \_\_\_\_\_ as

Application Serial No. \_\_\_\_\_

and was amended on \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or invention certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)	Priority Claimed			
(Number)	(Country)	(Day/Month/Year Field)	Yes	No

I hereby claim the benefit under Title 35, United States Code, 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which

occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following Attorney(s) and/or agent(s) to prosecute this application and transact all business In the Patent and Trademark Office connected therewith. (list names and registration No.)

SEND CORRESPONDENCE TO: 58, MA YUAN WEST ST., TAICHUNG, TAIWAN.  
DIRECT TELEPHONE CALLS TO: \_\_\_\_\_  
(name and telephone number)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Jun – Lin Wang  
Inventor's signature Jun Lin Wang 03 /08 / 2004 DATE

Residence 58, MA YUAN WEST ST., TAICHUNG, TAIWAN.  
Citizenship TAIWAN, R.O.C.  
Post Office Address 58, MA YUAN WEST ST., TAICHUNG, TAIWAN.

Full name of second joint inventor, if any \_\_\_\_\_  
Second Inventor's signature \_\_\_\_\_ DATE

Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_  
(Supply similar information for additional inventors)

**In the United States Patent and Trademark Office**

First/Sole Applicant: Jun – Lin Wang

Joint/Second Applicant: \_\_\_\_\_

Title: MODULAR MIST SPRAYER

**Small Entity Declaration —Independent Inventor(s)**

As a below-named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35 United States Code, to the Patent and Trademark Office with regard to my above-identified invention described in the specification filed herewith. I have not assigned, granted, conveyed, or licensed-and am under no obligation under any contract or law to assign, grant, convey, or license-any rights in the invention to either (a) and person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or (b) any concern which would not qualify as either (i) a small business concern under 37 CFR 1.9(d) or (ii) a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed-or am under an obligation under contract or law to assign, grant, convey, or license-any rights in the invention is listed below:

There is no such person, concern, or organization.

Any applicable person, concern, or organization is listed below:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

I acknowledge a duty to file, in the above application for patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Jun Lin Wang

Signature of Sole/First Inventor

Jun – Lin Wang

Print Name of Sole/First Inventor

Date of Signature: 03 / 08 / 2004

\_\_\_\_\_  
Signature of Joint/Second Inventor

\_\_\_\_\_  
Print Name of Second/Joint Inventor

Date of Signature: \_\_\_\_\_